								Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								14789074				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR		R THAN ENTITY
TOTAL CLAIMS			41					RATE	FEE	7.	RATE	FEE
FOR			NUMBER FILED		NUME	UMBER EXTRA		B'ASIC F	EE 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			· 4 minus 20=		•	2		X\$ 9:	:	OR	X\$18=	27 X
INDEPENDENT CLAIMS			7 minus 3 =		•	4		X43=		OR	X86=	344
MULTIPLE DEPENDENT CLAIM PR			RESÉNT				+145=		OR	+290=		
* 11	f the difference	e in column 1 is	less than zero, enter "0" in			column 2	_ [TOTAL		OR	TOTAL	1492
CLAIMS AS AMENDED - PART II									<u> </u>	10	OTHER	
		(Column 1)		(Colum	nn 2)	(Column	<u>3)</u>	SMAL	LENTITY	OR	SMALL	
AMENDMENT A	1-3-07	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE 1		RATE	ADDI- TIONAL FEE
MON	Total	- 4/	Minus	- 4	4	- /] [X\$ 9=		OR	X\$18=	
AME	Independent	. 7	Minus	***	<u>Z</u>	• /] [X43=	1/	OR	X86=	
	FIRST PRESE	ENTATION OF MI	ULTIPLE DE	PENDENT	CLAIM		┛▐	+145=	1/	OR	+290=	
	•						L	TOTA	u /		TOTAL	
		(Column 1)		(Colum	In 2)	(Column :		JDDIT. FE	E L	1011	ADDIT. FEE	
MENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST ER USLY	PRESENT EXTRA	<u></u>	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO N	Total	•	Minus	**	•	2		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MU	Minus	***	01.444	- []	┨╏	X43=		OR	X86=	
	- FRESE	NIAHON OF MO	ETIPLE DEP	ENDENT	CLAIM		」 [+145=		OR	+290=	
								TOTAL DDIT. FEI		OR ,	TOTAL VDDIT. FEE	
(Column 1) (Column 2) (Column 3)									•		•	
ENIC		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FI	ER JSLY	PRESENT EXTRA	$\int \!\! \int$	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENOMEN	Total	•	Minus	40		=	1	X\$ 9=		OR	X\$18=	
			Minus	***		= ·]	X43=			X86=	
1	FIRST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT (CLAIM] -	.\ \\	-	OR	~~~ <u>~</u>	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											· .	
	l the "Highest Num I the "Highest Num	nber Previously Pai nber Previously Pai ber Previously Paid	d For IN THIS Id For IN THIS	SPACE is I	ess than less than	20, enter "2:	. ~	TOTAL IDIT. FEE in the ap	لنبسا		TOTAL DOTT. FEEL mn 1.	